Annual Report for the Limited Liability Co.	<u></u>	1010				
→ Filing period: Septer		ber 1				
→ Filing Fee: \$50.00						
→ Penalty: Additional \$2	25.00 fee if form	is not filed by De	cember 1.			
1. Entity ID Number	2. Exact n	ame of the Limited	Liability Gempany	0.11	·	
139478		DUYON		RISE LLC		
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
	\rightarrow τ	WVOC.	TMENTS			
5. State of Formation	1 4	N 1 6-3	1 MEN 1			
6. Principal Office Address		· · · · · · · · · · · · · · · · · · ·	City	State	Tzin	
3 FOX KUN			VesTeph	State RI	21 0 2891	
7. Mailing Address of Limite	ed Liability Compa	ny and Name or		1		
Contact Name RUSSELL AMORVSO			Contact Title RUSS	sell strad	250	
Street Address 3 FIX NIK			City WOSTERL	State	Zip (12891	
8. List ALL managers (nam	es and addresse	s) of the Limited Li		ÁBLE - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name		•	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
					dicate an attachment	
9. Resident Agent in Rhode						
Under penalty of perjury, I statements, and that all st	declare and affi atements contai	rm that I have ex ned herein are tr	amined this report, includ ue and correct.	ing any accompanying	schedules and	
Name of Authorized Person	11 A			Date ()	2 11	
15'USSE		MORVSO	<u> </u>	1-8-16		
Signature of Authorized Pers	. Bh 1 / 1					
Mod	Il men	Q1		- FI		
				° • •		
MAIL TO:				SEP 1	9 2016	
Division of Business Servic			\cap	0-0-11	000	
148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040			MAIN	1 By - 16	18 1	
Website: www.sos.ri.gov			PAID	#760		
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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